ONALASKA CARE CENTER

1600	MAIN	STREET	
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ONALASKA	54650	Phone: (608) 783-4681		Ownership:	Non-Profit Corporation
Operated from 1/	1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjun	ction with I	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Se	t Up and Sta	affed (12/31/02):	106	Title 18 (Medicare) Certified?	Yes
Total Licensed Be	d Capacity	(12/31/02):	109	Title 19 (Medicaid) Certified?	Yes
Number of Residen	its on 12/31,	/02:	98	Average Daily Census:	97
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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
Home Health Care	No	   Primary Diagnosis	%	Age Groups	%	   Less Than 1 Year	30.6
Supp. Home Care-Personal Care	No					1 - 4 Years	48.0
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	4.1	More Than 4 Years	21.4
Day Services	No	Mental Illness (Org./Psy)	19.4	65 - 74	3.1		
Respite Care	No	Mental Illness (Other)	2.0	75 - 84	31.6		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.1	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.1	Full-Time Equivalen	it
Congregate Meals	No	Cancer	1.0			Nursing Staff per 100 Re	sidents
Home Delivered Meals	Yes	Fractures	5.1		100.0		
Other Meals	No	Cardiovascular	19.4	65 & Over	95.9		
Transportation	No	Cerebrovascular	12.2			RNs	11.1
Referral Service	No	Diabetes	11.2	Sex	%	LPNs	9.3
Other Services	No	Respiratory	1.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	27.6	Male	20.4	Aides, & Orderlies	42.1
Mentally Ill	No			Female	79.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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## Method of Reimbursement

		Medicare			edicaid			Other			Private Pay		I	Family Care		]	Managed Care	! 		
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	6	9.4	128	0	0.0	0	3	18.8	165	1	11.1	128	0	0.0	0	10	10.2
Skilled Care	8	100.0	312	56	87.5	108	0	0.0	0	12	75.0	155	8	88.9	108	1	100.0	360	85	86.7
Intermediate				2	3.1	89	0	0.0	0	1	6.3	150	0	0.0	0	0	0.0	0	3	3.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		64	100.0		0	0.0		16	100.0		9	100.0		1	100.0		98	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	7.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.3	Bathing	2.0		44.9	53.1	98
Other Nursing Homes	9.6	Dressing	7.1		40.8	52.0	98
Acute Care Hospitals	78.3	Transferring	23.5		33.7	42.9	98
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.4		36.7	42.9	98
Rehabilitation Hospitals	0.0		70.4		13.3	16.3	98
Other Locations	0.9	******	******	****	******	******	******
otal Number of Admissions	115	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	4.1	Receiving Resp	iratory Care	11.2
Private Home/No Home Health	35.4	Occ/Freq. Incontiner	nt of Bladder	48.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	19.5	Occ/Freq. Incontiner	nt of Bowel	28.6	Receiving Suct	ioning	0.0
Other Nursing Homes	4.4	_			Receiving Osto	my Care	7.1
Acute Care Hospitals	10.6	Mobility			Receiving Tube	Feeding	3.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 37.8
Rehabilitation Hospitals	0.0				3	-	
Other Locations	7.1				Other Resident C	haracteristics	
Deaths	23.0	•		4.1	Have Advance D	irectives	99.0
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	113	•		- / -	Receiving Psyc	hoactive Drugs	64.3

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	Ownership: This Nonprofit Facility Peer Group % Ratio		profit Group	100	Size: -199 Group Ratio	Ski	ensure: lled Group Ratio	Ali Facil	l lities Ratio
	6	6	Ratio	6	Ratio	6	Ratio	6	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.0	87.5	1.02	85.7	1.04	85.3	1.04	85.1	1.05
Current Residents from In-County	91.8	79.3	1.16	81.9	1.12	81.5	1.13	76.6	1.20
Admissions from In-County, Still Residing	24.3	21.8	1.12	20.1	1.21	20.4	1.19	20.3	1.20
Admissions/Average Daily Census	118.6	124.6	0.95	162.5	0.73	146.1	0.81	133.4	0.89
Discharges/Average Daily Census	116.5	129.0	0.90	161.6	0.72	147.5	0.79	135.3	0.86
Discharges To Private Residence/Average Daily Census	63.9	50.5	1.27	70.3	0.91	63.3	1.01	56.6	1.13
Residents Receiving Skilled Care	96.9	94.7	1.02	93.4	1.04	92.4	1.05	86.3	1.12
Residents Aged 65 and Older	95.9	96.2	1.00	91.9	1.04	92.0	1.04	87.7	1.09
Title 19 (Medicaid) Funded Residents	65.3	56.7	1.15	63.8	1.02	63.6	1.03	67.5	0.97
Private Pay Funded Residents	16.3	32.8	0.50	22.1	0.74	24.0	0.68	21.0	0.78
Developmentally Disabled Residents	1.0	0.5	1.91	0.9	1.11	1.2	0.86	7.1	0.14
Mentally Ill Residents	21.4	35.5	0.60	37.0	0.58	36.2	0.59	33.3	0.64
General Medical Service Residents	27.6	23.8	1.16	21.0	1.31	22.5	1.22	20.5	1.34
Impaired ADL (Mean)	58.6	50.4	1.16	49.2	1.19	49.3	1.19	49.3	1.19
Psychological Problems	64.3	54.7	1.17	53.2	1.21	54.7	1.17	54.0	1.19
Nursing Care Required (Mean)	7.9	6.9	1.14	6.9	1.14	6.7	1.17	7.2	1.10